

PREPAID DENTALS

COMPANY NAME: _____ NAIC Company Code: _____
 Contact: _____ Telephone: _____
 REQUIRED FILINGS IN THE STATE OF: _____ Filings Made During the Year 2005

(1) Check- list	(2) Line #	(3) REQUIRED FILINGS FOR THE ABOVE STATE	(4) NUMBER OF COPIES*			(5) DUE DATE	(6) FORM SOURCE* *	(7) APPLICABLE NOTES
			Domestic		Foreign			
			State	NAIC	State			
		I. NAIC FINANCIAL STATEMENTS						
	1	Annual Statement (8 1/2"X14")	3	1	1	3/1	NAIC	H(a), I, J, K (a), K
	1.1	Printed Investment Schedule detail (Pages E01-E26)	3	1	xxx	3/1	NAIC	
	2	Quarterly Financial Statement (8 1/2" x 14")	2	1	1	5/15, 8/15, 11/15	NAIC	H(a), I, J, K (a)
	3.1	State Page – Grand Total Page	3	1	1	3/1	NAIC	K (a)
	3.2	State Page – Missouri Business	3	1	1	3/1	NAIC	K (a)
	3.3	State Page – Business written in each of the other states	3	1	xxx	3/1	NAIC	
		II. NAIC SUPPLEMENTS						
	10	Actuarial Opinion	3	1	1	3/1	Company	K (a)
	11	Investment Risk Interrogatories	2	1	1	4/1	NAIC	K (a)
	12	Life Supplement	1	1	1	3/1	NAIC	
	13	Long-term Care Experience Reporting Forms	1	1	xxx	4/1	NAIC	
	14	Management Discussion & Analysis	2	1	1	4/1	Company	K (a)
	15	Medicare Supplement Insurance Experience Exhibit	1	1	xxx	3/1	NAIC	
	16	Property/Casualty Supplement	1	1	1	3/1	NAIC	
	17	Risk-Based Capital Report	1	1	xxx	3/1	NAIC	K (a)
	18	Supplemental Compensation Exhibit	1	N/A	N/A	3/1	NAIC	K (a)
		III. ELECTRONIC FILING REQUIREMENTS						
	30	Annual Statement Electronic Filing	xxx	1	xxx	3/1	NAIC	
	31	March .PDF Filing	xxx	1	xxx	3/1	NAIC	
	32	Risk-Based Capital Electronic Filing	xxx	1	N/A	3/1	NAIC	
	33	Supplemental Electronic Filing	xxx	1	xxx	4/1	NAIC	
	34	Supplemental .PDF Filing	xxx	1	xxx	4/1	NAIC	
	35	June .PDF Filing	xxx	1	xxx	6/1	NAIC	
	36	Quarterly Electronic Filing	xxx	1	xzx	5/15, 8/15, 11/15	NAIC	
	37	Quarterly .PDF Filing	xxx	1	xxx	5/15, 8/15, 11/15	NAIC	
		IV. AUDITED FINANCIAL STATEMENTS						
	51	Accountants Letter of Qualifications	2	N/A	1	6/1	Company	K
	52	Audited Financial Statements	2	1	1	6/1	Company	K
	53	Audited Financial Statements Exemption Affidavit	xxx	N/A	N/A		Company	
	54	Independent CPA	xxx	N/A	N/A		Company	
	55	Notification of Adverse Financial Condition	xxx	N/A	N/A		Company	
	56	Report of Significant Deficiencies in Internal Controls	2	N/A	1	6/1	Company	N
	57	Request for Exemption to File	1	N/A	1	5/1	Company	J
		V. STATE REQUIRED FILINGS						
	101	Filings Checklist (with Column 1 completed)	xxx	1	xxx		State	
	102	State Filing Fees	xxx	0	xxx		State	
		Signed Jurat	xxx	N/A	1	3/1, 5/15, 8/15, 11/15	Company	K (c)
	103	Application for Renewal of Certificate of Authority	1	0	1	3/1	State	
	104	Updated Biographical Affidavits	1	0	0	3/1	Company	
	105	Basket Clause Statement	1	0	0	3/1	State	K (b)
	106	Affidavit of Stock Ownership - Pursuant to RSMo 376.300.2(3) and 376.305.2	1	0	0	3/1	Company	K (b)
	107	Affidavit Regarding TPA - Pursuant to RSMo 376.1084	1	0	0	3/1	State	K (b)
	108	Electronic Election Form	XXX	XXX	1	3/1		K (c)
	109	EDP Listing	1	0	0	3/1	State	K (b)

*If XXX appears in this column, this state does not require this filing, if hard copy is filed with the state of domicile and the NAIC and if the data is filed electronically with the NAIC. If N/A appears in this column, the filing is required with the domiciliary state.

**If Form Source is NAIC, the form should be obtained from the appropriate vendor.